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Complete if Known

guisuain to the	Consultated Appropriations Act, 2003 (n.n. 4010)
FEE	TRANSMITTAL
	For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 845.00

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Complete if Known						
Application Number	09/057,313					
Filing Date	04/08/1998					
First Named Inventor	McCown et al.					
Examiner Name	McAllister					
Art Unit	3652					
Attorney Docket No.	033449-002					

METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 20-0809 Deposit Account Name: Thompson Hine LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.												
FEE CALCULATION												
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
		LING FEES SEARCH FEES				TION FEES						
Application Type	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	<u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Pa	id (\$)				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEE	ES			-		-		Small Entity				
Fee Description	D-!	11	20 4	41. a.m. 1.a. 4	4!!1 .	* = . = &	Fee (\$)	Fee (\$)				
Each claim over 20 or, for							50 nt 200	25 100				
Each independent claim Multiple dependent clain		or Reissues, eac	n maepen	dent claim in	ore man in t	ne originai patei	nt 200 360	180				
	Extra Claim	ns <u>Fee (\$)</u>	Fee Pa	id (\$)	Multiple Dependent Claims			100				
20 or HP =		_ x	=		Fee (\$)	Fee Paid						
HP = highest number of total												
<u>indep. Claims</u> - 3 or HP =	Extra Claim	<u>is Fee (\$)</u> x	Fee Pai	<u>d (\$)</u>								
HP = highest number of indep	endent claims		_ _ nan 3									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets												
4. OTHER FEE(S) Fees Paid No. Football Consideration (\$120 for (\$120 for (\$120 state)))												
Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination and 2 month Extension of Time 845.00												
Other: Request for Continued Examination and 2 month Extension of Time								U				

SUBMITTED BY

Signature

Registration No. (Attorney/Agent) 41,733

Telephone 937.443.6838

Name (Print/Type) Steven J. Elleman

Date

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.